

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>DM</i>	<i>3</i>	<i>11/21</i>
FORMALITY REVIEW	<i>✓</i>	<i>61754</i>	<i>21/12/1</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/17/03
2	✓	✓	4/17/03
3	✓	✓	4/17/03
4	✓	✓	4/17/03
5	✓	✓	4/17/03
6	✓	✓	4/17/03
7	✓	✓	4/17/03
8	✓	✓	4/17/03
9	✓	✓	4/17/03
10	✓	✓	4/17/03
11	✓	✓	4/17/03
12	✓	✓	4/17/03
13	✓	✓	4/17/03
14	✓	✓	4/17/03
15	✓	✓	4/17/03
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43	✓	✓	4/17/03
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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